

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF OREGON

Case number (if known) _____

Chapter you are filing under:

☐ Chapter 7

☒ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Aloysius

First name

N.

Middle name

Fobi

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-9108

About Debtor 1:

4. Your Employer Identification Number (EIN), if any.

EIN

About Debtor 2 (Spouse Only in a Joint Case):

EIN

5. Where you live

16900 SE McKinley
Gresham, OR 97080
Number, Street, City, State & ZIP Code

Multnomah
County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☐ Chapter 7
- ☒ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
-
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
- ☐ Yes.
- | | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
-
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.
- ☐ Yes.
- | | |
|-----------------------------|---------------------------|
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
-
11. **Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☐ No. I am not filing under Chapter 11.☒ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No.☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.	16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input checked="" type="checkbox"/> Yes. Go to line 17.	16c. State the type of debts you owe that are not consumer debts or business debts
<hr/>			
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<hr/>			
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<hr/>			
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Aloysius N. Fobi**Aloysius N. Fobi**
Signature of Debtor 1_____
Signature of Debtor 2Executed on **April 28, 2023**
MM / DD / YYYYExecuted on _____
MM / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Michael D. O'Brien Date April 28, 2023
Signature of Attorney for Debtor MM / DD / YYYY

Michael D. O'Brien
Printed name

Michael D. O'Brien & Associates, P.C.
Firm name

12909 SW 68th Parkway, Suite 160
Portland, OR 97223
Number, Street, City, State & ZIP Code

Contact phone 503-786-3800 Email address enc@pdxlegal.com

951056 OR
Bar number & State

**United States Bankruptcy Court
District of Oregon**

In re **Aloysius N. Fobi**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>25,942.50</u>
Prior to the filing of this statement I have received	\$	<u>25,942.50</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify): **For additional detail of compensation already paid see the Application to Employ and the Verified Statement**

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify): **For additional detail of compensation to be paid see the Application to Employ and the Verified Statement**

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

appeals of interlocutory or final orders. Representation shall terminate upon (a) entry of an Order converting the chapter 11 case to a case under any other chapter of the Code, (b) entry of an order appointing a Trustee or (c) entry of an Order dismissing the case.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 28, 2023

Date

/s/ Michael D. O'Brien

Michael D. O'Brien

Signature of Attorney

Michael D. O'Brien & Associates, P.C.

12909 SW 68th Parkway, Suite 160

Portland, OR 97223

503-786-3800 Fax: 503-272-7796

enc@pdxlegal.com

Name of law firm

Fill in this information to identify your case:

Debtor 1 **Aloysius N. Fobi**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number
 (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	900,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	169,118.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	1,069,118.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	1,034,282.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	3,250,553.00
Your total liabilities		\$ 4,284,835.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	14,067.00
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	13,810.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Aloysius N. Fobi**

Case number (if known)

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$
9g. Total. Add lines 9a through 9f.	\$

Fill in this information to identify your case and this filing:

Debtor 1	Aloysius N. Fobi		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF OREGON			
Case number _____			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

☐ No. Go to Part 2.

☒ Yes. Where is the property?

1.1

16900 SE McKinley

Street address, if available, or other description

Gresham **OR** **97080-0000**

City State ZIP Code

Multnomah

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Appraised Value per 2021

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$900,000.00

Current value of the portion you own?

\$900,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$900,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 Aloysius N. Fobi

Case number (if known) _____

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: Toyota
Model: Tundra
Year: 2021
Approximate mileage: 55000
Other information:

Value based on KBB Good Value

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$40,542.00

\$40,542.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$40,542.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

Misc. household goods and furnishing including bed and couch

\$2,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe.....

Misc. home electronics

\$5,000.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☐ No
☒ Yes. Describe.....

Tennis Rackets, Basket Ball, Golf clubs, bicycle

\$350.00

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....Clothes\$2,000.00**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☒ No☐ Yes. Describe.....**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**\$9,350.00**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes.....Cash\$2,000.00**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

17.1. **Checking**Bank of America Acct #1090\$1,001.0017.2. **Checking**Bank of America Acct #8548\$25.0017.3. **Credit Union**Onpoint CU\$3,000.00

17.4.	Coinbase Account	\$200.00
-------	------------------	----------

17.5.	Venmo Account - No Balance	\$0.00
-------	----------------------------	--------

18. Bonds, mutual funds, or publicly traded stocks*Examples: Bond funds, investment accounts with brokerage firms, money market accounts*☐ No☒ Yes.....

Institution or issuer name:

E-Trade Account	\$1,000.00
-----------------	------------

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☐ No☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Pacific Northwest Aesthetics Center PLLC, dba
Northwest Aesthetics - Negative Balancesheet
Value

%

\$0.00

SMS Northwest LLC, an active Oregon limited
liability company - No balance sheet value

100

%

\$0.00

Sound Integrated Medical Center PLLC, an active
Washington limited liability company. Balance
sheet insolvent

100%

%

\$0.00

1 share of Northwest Acute Care Specialists PC
subject to restricted transfer and defined value

1

%

\$2,500.00

Fobi Sports LLC - an active Oregon limited
liability company - Negative Balance Sheet Value

10.8%

%

\$0.00

Sawubona, LLC - Negative Balance sheet Value

19

%

\$0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans*☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

401k

NWACS 401k Plan

\$100,000.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☐ No☒ Yes. Give specific information about them...**Portland Timbers season tickets****\$2,000.00****Money or property owed to you?****Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**28. Tax refunds owed to you**☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**Tax Refund owing to Debtor - Subject to
Offset by other tax liabilities - likely no
equity after offsets****Unknown****29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☐ No☒ Yes. Give specific information..**Lloyd Fobi owes debtor remainder of purchase price for
Pacific Northwest Urgent Care Goodwill - payable over next
18 months****\$7,500.00**

31. Interests in insurance policies*Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance*☐ No☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:**Term - Life Insurance - No Cash
Surrender Value****\$0.00****32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue*☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$119,226.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?☒ No. Go to Part 7.☐ Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here****\$0.00**

Debtor 1 Aloysius N. Fobi

Case number (if known) _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2			<u>\$900,000.00</u>
56. Part 2: Total vehicles, line 5	<u>\$40,542.00</u>		
57. Part 3: Total personal and household items, line 15	<u>\$9,350.00</u>		
58. Part 4: Total financial assets, line 36	<u>\$119,226.00</u>		
59. Part 5: Total business-related property, line 45	<u>\$0.00</u>		
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>		
61. Part 7: Total other property not listed, line 54	<u>\$0.00</u>		
	+		
62. Total personal property. Add lines 56 through 61...	<u>\$169,118.00</u>	Copy personal property total	<u>\$169,118.00</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62			<div><u>\$1,069,118.00</u></div>

Fill in this information to identify your case:

Debtor 1	Aloysius N. Fobi		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt****4/22**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
16900 SE McKinley Gresham, OR 97080 Multnomah County Appraised Value per 2021 Line from <i>Schedule A/B</i> : 1.1	\$900,000.00	<input checked="" type="checkbox"/> \$15,600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
2021 Toyota Tundra 55000 miles Value based on KBB Good Value Line from <i>Schedule A/B</i> : 3.1	\$40,542.00	<input checked="" type="checkbox"/> \$4,450.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Misc. household goods and furnishing including bed and couch Line from <i>Schedule A/B</i> : 6.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Misc. home electronics Line from <i>Schedule A/B</i> : 7.1	\$5,000.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Tennis Rackets, Basket Ball, Golf clubs, bicycle Line from <i>Schedule A/B</i> : 9.1	\$350.00	<input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Clothes Line from Schedule A/B: 11.1	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Cash Line from Schedule A/B: 16.1	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: Bank of America Acct #1090 Line from Schedule A/B: 17.1	<u>\$1,001.00</u>	<input checked="" type="checkbox"/> <u>\$1,001.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: Bank of America Acct #8548 Line from Schedule A/B: 17.2	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Credit Union: Onpoint CU Line from Schedule A/B: 17.3	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$3,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Coinbase Account Line from Schedule A/B: 17.4	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
E-Trade Account Line from Schedule A/B: 18.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Portland Timbers season tickets Line from Schedule A/B: 27.1	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Lloyd Fobi owes debtor remainder of purchase price for Pacific Northwest Urgent Care Goodwill - payable over next 18 months Line from Schedule A/B: 30.1	<u>\$7,500.00</u>	<input checked="" type="checkbox"/> <u>\$4,375.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

3. **Are you claiming a homestead exemption of more than \$189,050?**

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

Fill in this information to identify your case:

Debtor 1	Aloysius N. Fobi		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Bankers Health Group <small>Creditor's Name</small> 201 Solar St. Syracuse, NY 13024 <small>Number, Street, City, State & Zip Code</small>	\$112,998.00 Personal Guaranty of business debt owed by SMS Northwest, LLC As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	\$0.00	\$112,998.00 UCC 91493655

Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **3/20/2018** Last 4 digits of account number _____

Debtor 1 **Aloysius N. Fobi**

First Name

Middle Name

Last Name

Case number (if known)

2.2

**Matthew & Ronna
Schenk**

Creditor's Name

**42081 Saddlebrook Place
Leesburg, VA 20176**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**Second Trust Deed on 16900 SE
McKinley Gresham, OR 97080
Multnomah County
Appraised Value per 2021**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset)**Second Mortgage****\$145,000.00****\$900,000.00****\$0.00**

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debtDate debt was incurred **9/1/2020**

Last 4 digits of account number

2.3

**Northwest Farm Credit
Services**

Creditor's Name

**2345 NE Overlook Dr.,
Suite 100
Beaverton, OR 97006**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**First Trust Deed on 16900 SE
McKinley Gresham, OR 97080
Multnomah County
Appraised Value per 2021**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset)**First Mortgage****\$739,464.00****\$900,000.00****\$0.00**

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number **2975**

Debtor 1 **Aloysius N. Fobi** Case number (if known) _____
First Name Middle Name Last Name

2.4	Toyota Financial Services	Describe the property that secures the claim:	\$36,820.00	\$40,542.00	\$0.00
	Creditor's Name Bankruptcy Department PO Box 8026 Cedar Rapids, IA 52408-8026	2021 Toyota Tundra 55000 miles Value based on KBB Good Value			
	Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Auto Loan			
	Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
	Date debt was incurred _____	Last 4 digits of account number _____			

Add the dollar value of your entries in Column A on this page. Write that number here: **\$1,034,282.00**
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here: **\$1,034,282.00**

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

[]	Name, Number, Street, City, State & Zip Code CCMR3 Attn: Jennifer Jones 318 S. Clinton Street, Suite 400 Syracuse, NY 13202	On which line in Part 1 did you enter the creditor? 2.1
		Last 4 digits of account number _____
[]	Name, Number, Street, City, State & Zip Code Christopher Cali CJC Law Office 201 Solar Street Syracuse, NY 13204	On which line in Part 1 did you enter the creditor? 2.1
		Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Aloysius N. Fobi		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF OREGON			
Case number _____ (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	City Of Portland- Revenue Bureau Priority Creditor's Name 111 SW Columbia St., #600 Portland, OR 97201 Number Street City State Zip Code			
	Last 4 digits of account number _____	\$0.00	\$0.00	\$0.00
	When was the debt incurred? _____			
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Domestic support obligations			
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	<input type="checkbox"/> Other. Specify _____			
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only			
	<input type="checkbox"/> Debtor 2 only			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
	Precautionary			

2.2

Department of Labor & Industries

Priority Creditor's Name

State of Washington**Bankruptcy Notices****312 SE Stonemill Drive, Suite 120****Vancouver, WA 98684-3508**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ Yes

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Precautionary**

2.3

Internal Revenue Service

Priority Creditor's Name

Bankruptcy Notices**PO Box 7346****Philadelphia, PA 19101-7346**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ Yes

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Precautionary**

2.4

Multnomah County -DART

Priority Creditor's Name

Bankruptcy Department**POB 2716****Portland, OR 97208-2716**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ Yes

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Precautionary**

2.5

Oregon Bureau of Labor & Industries

Priority Creditor's Name

**800 NE Oregon St.
Suite 1045****Portland, OR 97232**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
- ☒ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify _____

Precautionary

2.6

Oregon Department Of Revenue

Priority Creditor's Name

**Bankruptcy Notice Dept.
955 Center Street, NE
Salem, OR 97301-2555**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
- ☒ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify _____

Precautionary

2.7

Oregon Dept. Of Consumer & Business Svcs

Priority Creditor's Name

**PO Box 14480
Salem, OR 97309-0405**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
- ☒ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify _____

Precautionary

Debtor 1 **Aloysius N. Fobi**

Case number (if known)

2.8

Oregon Employment Department

Priority Creditor's Name

Employer Taxes**875 Union Street NE, Room 107****Salem, OR 97311**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Precautionary**

2.9

TriMet Tax

Priority Creditor's Name

c/o Oregon Dept. of Revenue**Po Box 14555****Salem, OR 97309**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Precautionary**2.1
0**Washington State Dept. Of
Revenue**

Priority Creditor's Name

General Account Administration**PO Box 47476****Olympia, WA 98504-7464**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Precautionary****Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	AAA Champion, LLC Nonpriority Creditor's Name 201 Williams Blvd, NW Orting, WA 98360 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3783</u> When was the debt incurred? <u>10/07/2020</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Precautionary business debt - no known personal guarantee	\$1,200.00
4.2	ABL Alliance Center LLLP Nonpriority Creditor's Name dba Hippo Lending 4551 Cox Road, Suite 402 Glen Allen, VA 23060 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>9/2/2021</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guaranty of business debt owed by Pacific Northwest Aesthetics Center LLC	\$734,709.00

4.3

AES/ American Education Services

Nonpriority Creditor's Name

Bankruptcy Notices**PO Box 2461****Harrisburg, PA 17105**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$39,042.00**When was the debt incurred?** **2001****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Student Loan**

4.4

Allergan

Nonpriority Creditor's Name

Legal Notice Department**5 Giralda Farms****Dodge Drive****Madison, NJ 07940**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$0.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Precautionary business debt - no known personal guarantee**

4.5

Apyx Medical Corporation

Nonpriority Creditor's Name

5115 Ulmerton Rd.**Clearwater, FL 33760**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$0.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Precautionary business debt - no known personal guarantee**

4.6

ARF Financial LLC

Nonpriority Creditor's Name

**1300 Concord Terrace, Suite 310
Fort Lauderdale, FL 33323**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **2571****\$0.00**When was the debt incurred? **2/10/2021****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☒ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Precautionary business debt - no known personal guarantee**

4.7

ARF Financial LLC

Nonpriority Creditor's Name

**1300 Concord Terrace, Suite 310
Fort Lauderdale, FL 33323**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **2421****\$0.00**When was the debt incurred? **2/03/2021****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☒ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Precautionary business debt - no known personal guarantee**

4.8

Bank Of America

Nonpriority Creditor's Name

**Card Services -Bankruptcy
PO Box 982284
El Paso, TX 79998**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **7006****\$1,770.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Credit card purchases**

4.9

Bank Of America

Nonpriority Creditor's Name

Card Services -Bankruptcy**PO Box 982284****El Paso, TX 79998**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **6974****\$2,520.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit card purchases**4.1
0**Bank Of America**

Nonpriority Creditor's Name

Bankruptcy Notices**PO Box 31785****Tampa, FL 33631-3785**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **4595****\$10,875.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit card purchases**4.1
1**Bank Of America**

Nonpriority Creditor's Name

Bankruptcy Notices- FL9-600-02-26**PO Box 45224****Jacksonville, FL 32232-5224**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **4698****\$12,820.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit card purchases**

4.1
2**Bank Of America**

Nonpriority Creditor's Name

**Bankruptcy Notices- NC4-105-03-14
PO Box 26012
Greensboro, NC 27420**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **7402****\$0.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Precautionary business debt - no known personal guarantee**4.1
3**Bank Of America**

Nonpriority Creditor's Name

**Bankruptcy Notices- NC4-105-03-14
PO Box 26012
Greensboro, NC 27420**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **7282****\$0.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Precautionary business debt - no known personal guarantee**4.1
4**Bank Of America**

Nonpriority Creditor's Name

**Bankruptcy Notices- NC4-105-03-14
PO Box 26012
Greensboro, NC 27420**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **2904****\$0.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Precautionary business debt - no known personal guarantee**

4.1
5**Best Egg**

Nonpriority Creditor's Name

**Legal Notice Department
1523 Concord Pike, Suite 201
Wilmington, DE 19803**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice**4.1
6**Capital One**

Nonpriority Creditor's Name

**PO Box 30285
Salt Lake City, UT 84130-0281**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

2165**\$22,650.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**4.1
7**Channel Partners Capital LLC**

Nonpriority Creditor's Name

**c/o Brad Peterson, CEO
11100 Wayzata Blvd. #305
Minnetonka, MN 55305**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

511w**\$20,000.00**

When was the debt incurred?

4/20/2021

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC**

4.1
8**Channel Partners Capital LLC**

Nonpriority Creditor's Name

**c/o Brad Peterson, CEO
11100 Wayzata Blvd. #305
Minnetonka, MN 55305**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **601w****\$85,000.00**When was the debt incurred? **4/12/2021**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC**4.1
9**Channel Partners Capital LLC**

Nonpriority Creditor's Name

**c/o Brad Peterson, CEO
11100 Wayzata Blvd. #305
Minnetonka, MN 55305**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **241w****\$20,000.00**When was the debt incurred? **5/10/2021**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC**4.2
0**Channel Partners Capital LLC**

Nonpriority Creditor's Name

**c/o Brad Peterson, CEO
11100 Wayzata Blvd. #305
Minnetonka, MN 55305**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **331w****\$20,000.00**When was the debt incurred? **5/24/2021**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC**

4.2
1**Chase Bank Card Services**

Nonpriority Creditor's Name

Bankruptcy Notices**PO Box 15298****Wilmington, DE 19850-5298**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **0263****\$15,197.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**4.2
2**Cross River Bank**

Nonpriority Creditor's Name

Bankruptcy Notice**400 Kelby St., 14th Floor****Fort Lee, NJ 07024**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$30,000.00**When was the debt incurred?****1/23/2022****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Personal Loan**4.2
3**Curascript SD**

Nonpriority Creditor's Name

255 Technology Park 1**Lake Mary, FL 32746**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$0.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Precautionary business debt - no known personal guarantee**

4.2
4**Diane Fleck**

Nonpriority Creditor's Name

**61078 SE Echo Lake Ct.
Bend, OR 97702**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$10,000.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Loan**4.2
5**Financial Pacific Leasing**

Nonpriority Creditor's Name

**3455 S. 34th Way, #300
Auburn, WA 98001-9546**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

4301**\$0.00****When was the debt incurred?****1/15/2019****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Precautionary business debt - no known personal guarantee**4.2
6**Galderma**

Nonpriority Creditor's Name

**Legal Notice Department
Trammell Crow Center
2001 Ross Ave, 16th Floor
Dallas, TX 75201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$0.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Precautionary business debt - no known personal guarantee**

4.2
7**Greenwoods Equipment Finance
LLC**

Nonpriority Creditor's Name

**Operations Department
3212 Fiddlers Creek Dr.
Waukesha, WI 53188**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1238****\$28,820.00**When was the debt incurred? **12/23/20**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Personal Guaranty of business debt owed
by Sound Integrated Medical Center, PLLC**4.2
8**Greenwoods Equipment Finance
LLC**

Nonpriority Creditor's Name

**Operations Department
3212 Fiddlers Creek Dr.
Waukesha, WI 53188**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$26,290.00When was the debt incurred? **12/23/20**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Personal Guaranty of business debt owed
by Sound Integrated Medical Center, PLLC**4.2
9**Greenwoods Equipment Finance
LLC**

Nonpriority Creditor's Name

**Operations Department
3212 Fiddlers Creek Dr.
Waukesha, WI 53188**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1239****\$6,800.00**When was the debt incurred? **7/13/21**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Personal Guaranty of business debt owed
by Sound Integrated Medical Center, PLLC**

4.3
0**Hathaway Larson LLP**

Nonpriority Creditor's Name

**1331 NW Lovejoy St
Suite 950****Portland, OR 97209**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$1,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Legal Services**4.3
1**Ignatious Medani MD**

Nonpriority Creditor's Name

**34716 1st Ave S
Federal Way, WA 98003**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Guarantee of less obligation owed by Sound Integrated Medical Center PLLC**4.3
2**JB&B Capital**

Nonpriority Creditor's Name

**Legal Notice Department
109 S. Northshore Drive, Suite 200
Knoxville, TN 37919**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Precautionary business debt - no known personal guarantee**

4.3
3**JP Morgan Chase Bank**

Nonpriority Creditor's Name

**10900 NE 8th St., Suite 1150 F11
Bellevue, WA 98004**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **9001****\$1,250,000.00**When was the debt incurred? **5/4/2020****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts**Personal Guaranty of business debt owed
by Sound Integrated Medical Center PLLC,
an active Washington limited liability
company. Balance sheet insolvent
100%**☒ Other. Specify4.3
4**Kelsey Creek Center LLC**

Nonpriority Creditor's Name

**15015 Main Street, Suite 203
Bellevue, WA 98007**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$384,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts**Personal guarantee of commercial lease of
Pacific Northwest Aesthetics PLLC**☒ Other. Specify4.3
5**McKesson**

Nonpriority Creditor's Name

**Legal notice Department
590 Madison Avenue, 21st Floor
New York, NY 10022**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts**Precautionary business debt - no known
personal guarantee**☒ Other. Specify

4.3
6**Medline Industries Inc.**

Nonpriority Creditor's Name

Dept. 1080**PO Box 121080****Dallas, TX 75312**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$0.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Precautionary business debt - no known personal guaranty**4.3
7**MMP Capital**

Nonpriority Creditor's Name

19 Engineers Lane**Farmingdale, NY 11735**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

6752**\$182,000.00****When was the debt incurred?****9/16/2020****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC**4.3
8**MMP Capital**

Nonpriority Creditor's Name

19 Engineers Lane**Farmingdale, NY 11735**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

7138**\$136,450.00****When was the debt incurred?****9/16/2020****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC**

4.3
9**Navitas Credit Corp.**

Nonpriority Creditor's Name

**201 Executive Center Dr., Suite 100
Columbia, SC 29210**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **9052****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts**Personal Guaranty of business debt owed
by Pacific Northwest Aesthetics Center
PLLC**☒ Other. Specify **(Past Due \$16,313.10)**4.4
0**NCMIC Finance Corporation**

Nonpriority Creditor's Name

**14001 University Avenue
Clive, IA 50325-8258**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Precautionary business debt - no known
personal guarantee**4.4
1**New Direction Trust Company**

Nonpriority Creditor's Name

**FBO Erik Martin
3938 NE 21st Ave.
Portland, OR 97212**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$60,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Personal Loan**

4.4
2**Newlane Finance**

Nonpriority Creditor's Name

**123 S. Broad St. 17th Floor
Philadelphia, PA 19109**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **5010****\$72,160.00**When was the debt incurred? **11/24/2021**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC**4.4
3**North Mill Equipent Finance LLC**

Nonpriority Creditor's Name

**Legal Notice Department
601 Merritt 7, #5
Norwalk, CT 06851**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Precautionary business debt - no known personal guarantee**4.4
4**Northwest Aesthetics Inc.**

Nonpriority Creditor's Name

**Attn: Olga Voloshina
2835 140th Ave NE
Bellevue, WA 98005**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Precautionary business debt - no known personal guarantee**

4.4
5**PNC Equipment Finance LLC**

Nonpriority Creditor's Name

**Legal Notice Department
655 Business Center Dr, Suite 250
Horsham, PA 19044**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **6621****\$0.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Precautionary business debt - no known personal guarantee**4.4
6**PNC Equipment Finance LLC**

Nonpriority Creditor's Name

**Legal Notice Department
655 Business Center Dr, Suite 250
Horsham, PA 19044**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **4375****\$67,250.00****When was the debt incurred?** **8/30/2020****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal guaranty of equipment financing for 2020 NeuroStar SYS 300 system. Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC**

4.4
7**Revere Management and
Distribution LLC**

Nonpriority Creditor's Name

**RA Robert Clifford
149 Industrial Way
Fallon, NV 89406**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ **Check if this claim is for a community
debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number _____

\$0.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Precautionary business debt - no known
personal guarantee**4.4
8**Sanofi US**

Nonpriority Creditor's Name

**Legal Notice Department
55 Corporate Drive
Bridgewater, NJ 08807**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community
debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number _____

\$0.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Precautionary business debt - no known
personal guarantee**4.4
9**Scott Fleck**

Nonpriority Creditor's Name

**20779 SE Hollis Lane
Bend, OR 97702**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community
debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number _____

\$10,000.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Personal Loan**

4.5
0**SJS PLLC**

Nonpriority Creditor's Name

Attn: Senjun Shin**900 Ocean Beach Hwy, Suite 110
Longview, WA 98632**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Personal Guarantee of Lease between SJS
PLLC and Apex Acute Services LLC**4.5
1**VQ Orthocare**

Nonpriority Creditor's Name

Legal Notice Department**1390 Decision Street, Suite A
Vista, CA 92081**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Precautionary business debt - no known
personal guarantee****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Benjamin Chase Recovery Service
5900 Balcones Dr., Suite 100
Austin, TX 78731**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**Best Egg
PO Box 42912
Philadelphia, PA 19101**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**Carney Badley Spellman
c/o Parker Keehn
701 Fifth Ave., Suite 3600
Seattle, WA 98104**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 **Aloysius N. Fobi**

Case number (if known)

Name and Address

David Wetsch
Dickinson Law
699 Walnut St/, Suite 1600
Des Moines, IA 50309

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Ellen F. Rosenblum, Attorney
General
100 Justice Building
1162 Court St. NE
Salem, OR 97310

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.6** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Flamm Walton Heimbach
Attn: Robert Walton
794 Penilyn Pike, Suite 100
Blue Bell, PA 19422

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Jason Ayres
Foster Garvey
121 SW Morrison St., Suite 1100
Portland, OR 97204

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Law Office of Benjamin Kelly
9218 Roosevelt Way NE
Seattle, WA 98115

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Woolf - McClane
Gregory C. Logue, Attorney
PO Box 900
Knoxville, TN 37901-0900

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

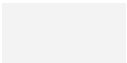
Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$	0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
Total claims from Part 2	6f. Student loans	6f.	\$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	3,250,553.00

Debtor 1 Aloysius N. Fobi

Case number (if known) _____



6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ 3,250,553.00

Fill in this information to identify your case:

Debtor 1 **Aloysius N. Fobi**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number
(if known)

☐ Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Ignatious Medani MD 34716 1st Ave S Federal Way, WA 98003	Commercial property lease between Sound Integrated Medical Center PLLC and Medani MD - Debtor has personally guaranteed and intends to reject lease
2.2	Kelsey Creek Center LLC 15015 Main St., Suite 203 Bellevue, WA 98007	Commercial lease between Pacific Northwest Aesthetics PLLC and landlord - Debtor intends to reject
2.3	SJS PLLC Attn: Senjun Shin 900 Ocean Beach Hwy, Suite 110 Longview, WA 98632	Commercial property lease between Apex Acute Services LLC and SJS PLLC - Debtor has personally guaranteed and intends to reject lease

Fill in this information to identify your case:

Debtor 1	Aloysius N. Fobi		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 Pacific Northwest Aesthetics Center PLLC

- ☐ Schedule D, line _____
☒ Schedule E/F, line **4.11**
☐ Schedule G _____
Bank Of America

3.2 Pacific Northwest Aesthetics Center PLLC

- ☐ Schedule D, line _____
☒ Schedule E/F, line **4.34**
☐ Schedule G _____
Kelsey Creek Center LLC

3.3 Pacific Northwest Aesthetics Center PLLC

- ☐ Schedule D, line _____
☒ Schedule E/F, line **4.39**
☐ Schedule G _____
Navitas Credit Corp.

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: **The creditor to whom you owe the debt**
Check all schedules that apply:3.4 **Pacific Northwest Aesthetics Center PLLC**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.12**
☐ Schedule G _____
Bank Of America

3.5 **Pacific Northwest Aesthetics Center PLLC**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.5**
☐ Schedule G _____
Apyx Medical Corporation

3.6 **Pacific Northwest Aesthetics Center PLLC**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.2**
☐ Schedule G _____
ABL Alliance Center LLLP

3.7 **Pacific Northwest Urgent Care PLLC**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.10**
☐ Schedule G _____
Bank Of America

3.8 **Pacific Northwest Urgent Care PLLC**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.13**
☐ Schedule G _____
Bank Of America

3.9 **SMS Northwest LLC**

☒ Schedule D, line **2.4**
☐ Schedule E/F, line _____
☐ Schedule G _____
Toyota Financial Services

3.10 **SMS Northwest LLC**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.22**
☐ Schedule G _____
Cross River Bank

3.11 **SMS Northwest LLC**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.9**
☐ Schedule G _____
Bank Of America

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:3.12 **SMS Northwest LLC**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.14**
☐ Schedule G _____
Bank Of America

3.13 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.17**
☐ Schedule G _____
Channel Partners Capital LLC

3.14 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.18**
☐ Schedule G _____
Channel Partners Capital LLC

3.15 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.19**
☐ Schedule G _____
Channel Partners Capital LLC

3.16 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.20**
☐ Schedule G _____
Channel Partners Capital LLC

3.17 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.27**
☐ Schedule G _____
Greenwoods Equipment Finance LLC

3.18 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.28**
☐ Schedule G _____
Greenwoods Equipment Finance LLC

3.19 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.29**
☐ Schedule G _____
Greenwoods Equipment Finance LLC

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.20 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.45**
☐ Schedule G _____
PNC Equipment Finance LLC

3.21 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.46**
☐ Schedule G _____
PNC Equipment Finance LLC

3.22 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.6**
☐ Schedule G _____
ARF Financial LLC

3.23 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.7**
☐ Schedule G _____
ARF Financial LLC

3.24 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.37**
☐ Schedule G _____
MMP Capital

3.25 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.38**
☐ Schedule G _____
MMP Capital

3.26 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.42**
☐ Schedule G _____
Newlane Finance

3.27 **Sound Integrated Medical Center PLLC**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.33**
☐ Schedule G _____
JP Morgan Chase Bank

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: **The creditor to whom you owe the debt**
Check all schedules that apply:

3.28 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.21**
☐ Schedule G _____
Chase Bank Card Services

3.29 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.40**
☐ Schedule G _____
NCMIC Finance Corporation

3.30 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.23**
☐ Schedule G _____
Curascript SD

3.31 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.36**
☐ Schedule G _____
Medline Industries Inc.

3.32 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.47**
☐ Schedule G _____
Revere Management and Distribution LLC

3.33 **Sound Integrated Medical Center PLLC**
34716 1st Ave. S.
Federal Way, WA 98003

☐ Schedule D, line _____
☒ Schedule E/F, line **4.31**
☐ Schedule G _____
Ignatious Medani MD

3.34 **Sound Internal Medicine Inc.**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.25**
☐ Schedule G _____
Financial Pacific Leasing

3.35 **Apex Acute Services LLC**

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☒ Schedule G **2.3**
SJS PLLC

Fill in this information to identify your case:

Debtor 1 Aloysius N. Fobi

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Physician

Northwest Acute Care Specialists, PC

825 NE Multnomah St., Ste. 240
Portland, OR 97232

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

How long employed there? 20 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>24,700.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>24,700.00</u>	\$ <u>N/A</u>

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 24,700.00	\$ N/A	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 7,640.00	\$ N/A	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A	
5c. Voluntary contributions for retirement plans	5c. \$ 1,450.00	\$ N/A	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A	
5e. Insurance	5e. \$ 285.00	\$ N/A	
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A	
5g. Union dues	5g. \$ 0.00	\$ N/A	
5h. Other deductions. Specify: 401(k) Loan - 57 months remain	5h.+ \$ 754.00	\$ N/A	
401(k) Loan #2 - 13 months remain	\$ 504.00	\$ N/A	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 10,633.00	\$ N/A	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 14,067.00	\$ N/A	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A	
8b. Interest and dividends	8b. \$ 0.00	\$ N/A	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A	
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A	
8e. Social Security	8e. \$ 0.00	\$ N/A	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A	
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ N/A	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ N/A	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 14,067.00 + \$ N/A	= \$ 14,067.00	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			11. +\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			12. \$ 14,067.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:			

Fill in this information to identify your case:

Debtor 1 Aloysius N. Fobi

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

19

☐ No
☒ Yes

Daughter

20

☒ No
☐ Yes

☐ No
☐ Yes

☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 5,300.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 320.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 80.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 915.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>100.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>100.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>450.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>700.00</u>
8. Childcare and children's education costs	8. \$ <u>900.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>100.00</u>
10. Personal care products and services	10. \$ <u>50.00</u>
11. Medical and dental expenses	11. \$ <u>125.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>500.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>200.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>300.00</u>
15b. Health insurance	15b. \$ <u>650.00</u>
15c. Vehicle insurance	15c. \$ <u>175.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>850.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>1,870.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: Medical Licenses	21. +\$ <u>125.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>13,810.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>13,810.00</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>14,067.00</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>13,810.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>257.00</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input type="checkbox"/> No.	
<input checked="" type="checkbox"/> Yes.	Explain here: Start paying second mortgage

Fill in this information to identify your case:

Debtor 1 Aloysius N. Fobi
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Aloysius N. Fobi
Aloysius N. Fobi
Signature of Debtor 1

Date April 28, 2023

X _____
Signature of Debtor 2

Date _____

Fill in this information to identify your case:

Debtor 1 **Aloysius N. Fobi**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

**6344 SE 87th Ave
Portland, OR 97266**

**Dates Debtor 1
lived there**

From-To:
5/2018 - 3/2020

Debtor 2 Prior Address:

☐ Same as Debtor 1

**Dates Debtor 2
lived there**

☐ Same as Debtor 1
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1**Sources of income**
Check all that apply.

Gross income
(before deductions and
exclusions)

\$89,470.00

- ☒ Wages, commissions,
bonuses, tips
☐ Operating a business

Debtor 2**Sources of income**
Check all that apply.

Gross income
(before deductions and
exclusions)

- ☐ Wages, commissions,
bonuses, tips
☐ Operating a business

**From January 1 of current year until
the date you filed for bankruptcy:**

	Debtor 1		Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
For last calendar year: (January 1 to December 31, 2022)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$341,851.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, 2021)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$370,586.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Describe below.	Sources of income Describe below.
Gross income from each source (before deductions and exclusions)	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

- ☐ No. Go to line 7.
☒ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
American Express Bankruptcy Notice Department PO Box 981540 El Paso, TX 79998-1540	2/27/23, 3/9/23, 3/23/23	\$38,778.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☐ No☒ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Children	Monthly	\$1,900.00	\$0.00	Child Support Related Payments
Lloyd Fobi 34500 NE 91st Ave. La Center, WA 98629		\$6,000.00	\$0.00	Paid for assistance with home purchase - also various short term loans and repayments

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☐ No☒ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Various	Various	\$0.00	\$0.00	In the past 12 months Dr. Fobi made contributions into various entities identified on Schedule B while they were operating businesses, some of which funds were paid out to creditors of these businesses on loans that were personally guaranteed by Dr. Fobi.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Bankers Healthcare Group LLC v. Fobi 005706/2022	Breach of Financing Agreement and Breach of Guaranty	Supreme Court of NY - Onandaga County Syracuse, NY 13204	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
North Mill Equipment Finance LLC v. Sound Integrated Medical Center PLLC and Fobi 22-2-08588-6KNT	Collection	Superior Court of WA - King County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Case title Case number	Nature of the case	Court or agency	Status of the case
NCMIC Finance Corporation v. Sound Integrated Medical PLLC and Fobi LACL153743	Collection	District Court of Iowa - Polk County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
PNC Equipment Finance, LLC vs Sound Integrated Medical Center, LLC and Fobi 2022-24089	Breach of Contract	Montgomery County, Pennsylvania 2 Airy Street Norristown, PA 19401	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
JB&B Capital, LLC vs Pacific Northwest Aesthetics Center, PLLC 206508-2	Breach of Contract	Chaneery Court for Knox County, Tennessee	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		
Still Investigating	Bank Account garnished	12/9/2022	\$15,189.00
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☐ No

☒ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
Catalytic Converter - Stolen from Vehicle	Allstate paid to repair vehicle - \$7000	2022	\$7,000.00

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Michael D. O'Brien, & Associates, P.C. 12909 SW 68th Parkway, Suite 160 Portland, OR 97223 mike@pdxlegal.com n/a	Retainer deposit and payment on account	Various as disclosed in Verified Statement	\$0.00
Cricket Debt Counseling 2019 SW Stark Street, Suite 200 Portland, OR 97204 Michael D. O'Brien 7 Associates			\$24.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☐ No

☒ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you Brian & Jennifer Simmons 4223 NE 25th Ave Portland, OR 97211	Real Property at 415 SW 7th, Pendleton OR	sold for \$285,130	6/23/2022
None			
John & Christa Glass 462 W. Orchard Ave. Hermiston, OR 97838	Real Property at 462 W. Orchard Ave in Hermiston, OR	Sold for \$209,500 which paid closing costs, first mortgage of Lakeview Loan Servicing LLC and net proceeds to the Debtor of \$89,710	7/8/2022
None			
Olympic Exchange Accomodators LLC 5127 103rd Ave SE Olympia, WA 98513	Real property located at 2496 Wintergreen Ave NW in Salem, Oregon	Sold for \$490,000 which paid closing costs, first mortgage of LoanCare Servicing, second mortgage of Valley Development and net proceeds to the Debtor of \$1,352	6/18/2021
None			
Westwell LLC	Approx. 22,000 shares of Swiftare LLC that were owned by SMS Northwest LLC were sold to Westwell LLC with right of Buyer to purchase additional 7250 shares	SMS Northwest LLC received \$25,464.81	2/7/2022
None			
Frank M. Warren, MD 7180 SW 68th Ave. Portland, OR 97223	Approx. 22,000 shares of Swiftare LLC that were owned by SMS Northwest LLC were sold to Frank Warren MD with right of Buyer to purchase additional 7250 shares	SMS Northwest LLC received \$25,464.81	2/7/2022
None			
Samuel G. Shiley MD	Approx. 22,000 shares of Swiftare LLC that were owned by SMS Northwest LLC were sold to Samuel Shiley MD with right of Buyer to purchase additional 7250 shares	SMS Northwest LLC received \$25,464.81	2/7/2022
None			
Lloyd Fobi 34500 NE 91st Ave. La Center, WA 98629	Approx. 600,000 shares of Apex Acute Services LLC	SMS Northwest LLC received \$25,000	3/28/2022
Brother			

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you Lloyd Fobi 34500 NE 91st Ave. La Center, WA 98629 Brother	Sold Goodwill interest in Pacific NW Urgent Care inclusive of management of patient transfer	Received \$2500 with note for \$7,500 more within 18 months	1/2023

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	--------------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- ☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No
- ☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- ☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.

- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
SMS Northwest, LLC 6344 SE 87th Ave. Portland, OR 97266	Real Estate, Marketing, Medical Consulting. Active Entity AVET CPA P.C.	EIN: 27-0845920 From-To 2004 - Present
Sound Integrated Medical Center PLLC 34716 1st Ave S Federal Way, WA 98003	Professional, Scientifics and Technical Services. Entity ceased operations AVET CPA P.C.	EIN: 84-4589608 From-To 2/2020 - 2/2023

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
Pacific Northwest Aesthetics Center PLLC 6344 SE 87th Ave. Portland, OR 97266	Health Care, Social Assistance and Service. Entity ceased operations AVET CPA P.C.	EIN: 86-3060029 From-To 3/2021 - 2/2023
Pacific Northwest Urgent Care PLLC 900 Ocean Beach Hwy, Suite 110 Longview, WA 98632	Health Care, Social Assistance and Service. Active Entity AVET CPA P.C.	EIN: 84-4675537 From-To 2/2020 - 1/2023
Agora Ventures LLC	Holding Company for Schiller LLC AVET CPA P.C.	EIN: 81-2893656 From-To 2016-March 2021
Braided Data Solutions Inc.	Medical related artificial intelligence start up, never operated AVET CPA P.C.	EIN: None Assigned From-To 2018 - September 2022
MD Marketing LLC	Marketing services for medical professionals, never started business AVET CPA P.C.	EIN: None Assigned From-To 2020 - 2/2022
Sawubona LLC	Healthcare. Debtor owns 19% of this business AVET CPA P.C.	EIN: 84-4700630 From-To 2020 - Present
Schiller LLC	Fractional ownership interest in Land with final payment in March 2021 AVET CPA P.C.	EIN: 83-3481127 From-To January 2020 - March 2021
Switcare LLC	Healthcare service provider AVET CPA P.C.	EIN: 81-5351765 From-To February 2017 - February 2022
Apex Acute Services LLC	Healthcare Service Provider AVET CPA P.C.	EIN: 84-5092775 From-To April 2020 to April 2022
Fobi Sports LLC c/o Lloyd Fobi 917 Meadows Lane SE Jefferson, OR 97352	Sports Health Mike Su CPA	EIN: 86-3889926 From-To 1/1/2021 - Present

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Debtor 1 Aloysius N. Fobi

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Aloysius N. Fobi

Aloysius N. Fobi
Signature of Debtor 1

Signature of Debtor 2

Date April 28, 2023

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 **Aloysius N. Fobi**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number
(if known)

☐ Check if this is an amended filing

B 104**For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders**

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.**Unsecured claim**

1	What is the nature of the claim?	Personal Guaranty of business debt owed by Sound Integrated Medical Center PLLC, an active Washington limited liability company. Balance sheet insolv	\$1,250,000.00
JP Morgan Chase Bank 10900 NE 8th St., Suite 1150 F11 Bellevue, WA 98004	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply		
Contact	Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: - Unsecured claim		
Contact phone			
2	What is the nature of the claim?	Personal Guaranty of business debt owed by Pacific Northwest Aesthetics Center LLC	\$734,709.00
ABL Alliance Center LLLP dba Hippo Lending			

Debtor 1 Aloysius N. Fobi Case number (if known) _____

4551 Cox Road, Suite 402
Glen Allen, VA 23060

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact

Contact phone

3

Kelsey Creek Center LLC
15015 Main Street, Suite 203
Bellevue, WA 98007

What is the nature of the claim?

Personal guarantee of
commercial lease of
Pacific Northwest
Aesthetics PLLC

\$384,000.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact

Contact phone

4

MMP Capital
19 Engineers Lane
Farmingdale, NY 11735

What is the nature of the claim?

Personal Guaranty of
business debt owed
by Sound Integrated
Medical Center, PLLC

\$182,000.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact

Contact phone

5

MMP Capital
19 Engineers Lane
Farmingdale, NY 11735

What is the nature of the claim?

Personal Guaranty of
business debt owed
by Sound Integrated
Medical Center, PLLC

\$136,450.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent

Debtor 1 Aloysius N. Fobi Case number (if known) _____

- ☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured)
Value of security: _____
Unsecured claim _____

Contact _____

Contact phone _____

6

Bankers Health Group
201 Solar St.
Syracuse, NY 13024

What is the nature of the claim?

**Personal Guaranty of
business debt owed
by SMS Northwest,
LLC**

\$112,998.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☒ Yes. Total claim (secured and unsecured) **\$112,998.00**
Value of security: _____
Unsecured claim **\$112,998.00**

Contact _____

Contact phone _____

7

Channel Partners Capital LLC
c/o Brad Peterson, CEO
11100 Wayzata Blvd. #305
Minnetonka, MN 55305

What is the nature of the claim?

**Personal Guaranty of
business debt owed
by Sound Integrated
Medical Center, PLLC**

\$85,000.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: _____
Unsecured claim _____

Contact _____

Contact phone _____

8

Newlane Finance
123 S. Broad St. 17th Floor
Philadelphia, PA 19109

What is the nature of the claim?

**Personal Guaranty of
business debt owed
by Sound Integrated
Medical Center, PLLC**

\$72,160.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Debtor 1 Aloysius N. Fobi Case number (if known) _____

- ☐
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured)
Value of security: _____
Unsecured claim _____

Contact _____

Contact phone _____

9

What is the nature of the claim?

**Personal guaranty of
equipment financing
for 2020 NeuroStar
SYS 300
system. Personal
Guaranty of business
debt owed by Sound
Integrated Medical
Center,**

\$67,250.00

**PNC Equipment Finance LLC
Legal Notice Department
655 Business Center Dr, Suite
250
Horsham, PA 19044**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured)
Value of security: _____
Unsecured claim _____

Contact _____

Contact phone _____

10

What is the nature of the claim?

Personal Loan

\$60,000.00

**New Direction Trust Company
FBO Erik Martin
3938 NE 21st Ave.
Portland, OR 97212**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured)
Value of security: _____
Unsecured claim _____

Contact _____

Contact phone _____

11

What is the nature of the claim?

Student Loan

\$39,042.00

**AES/ American Education
Services
Bankruptcy Notices
PO Box 2461
Harrisburg, PA 17105**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
- ☐ Yes. Total claim (secured and unsecured) _____
- Value of security: - _____
- Unsecured claim _____

Contact _____

Contact phone _____

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**Cross River Bank
Bankruptcy Notice
400 Kelby St., 14th Floor
Fort Lee, NJ 07024**

What is the nature of the claim?

Personal Loan

\$30,000.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- ☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
- ☐ Yes. Total claim (secured and unsecured) _____
- Value of security: - _____
- Unsecured claim _____

Contact _____

Contact phone _____

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**Greenwoods Equipment Finance
LLC
Operations Department
3212 Fiddlers Creek Dr.
Waukesha, WI 53188**

What is the nature of the claim?

Personal Guaranty of
business debt owed
by Sound Integrated
Medical Center, PLLC

\$28,820.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- ☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
- ☐ Yes. Total claim (secured and unsecured) _____
- Value of security: - _____
- Unsecured claim _____

Contact _____

Contact phone _____

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**Greenwoods Equipment Finance
LLC
Operations Department
3212 Fiddlers Creek Dr.
Waukesha, WI 53188**

What is the nature of the claim?

Personal Guaranty of
business debt owed
by Sound Integrated
Medical Center, PLLC

\$26,290.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- ☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
- ☐ Yes. Total claim (secured and unsecured) _____
- Value of security: - _____

Contact _____

Debtor 1 Aloysius N. Fobi Case number (if known) _____

Contact phone _____

Unsecured claim _____

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Capital One
PO Box 30285
Salt Lake City, UT 84130-0281

What is the nature of the claim?

Credit Card

\$22,650.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact _____

Contact phone _____

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Channel Partners Capital LLC
c/o Brad Peterson, CEO
11100 Wayzata Blvd. #305
Minnetonka, MN 55305

What is the nature of the claim?

**Personal Guaranty of
business debt owed
by Sound Integrated
Medical Center, PLLC**

\$20,000.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact _____

Contact phone _____

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Channel Partners Capital LLC
c/o Brad Peterson, CEO
11100 Wayzata Blvd. #305
Minnetonka, MN 55305

What is the nature of the claim?

**Personal Guaranty of
business debt owed
by Sound Integrated
Medical Center, PLLC**

\$20,000.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact _____

Contact phone _____

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What is the nature of the claim?

**Personal Guaranty of
business debt owed**

\$20,000.00

Debtor 1 Aloysius N. Fobi Case number (if known) _____



Channel Partners Capital LLC
c/o Brad Peterson, CEO
11100 Wayzata Blvd. #305
Minnetonka, MN 55305

**by Sound Integrated
Medical Center, PLLC**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: _____
Unsecured claim _____

Contact _____

Contact phone _____

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Chase Bank Card Services
Bankruptcy Notices
PO Box 15298
Wilmington, DE 19850-5298

What is the nature of the claim?

Credit Card

\$15,197.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: _____
Unsecured claim _____

Contact _____

Contact phone _____

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Bank Of America
Bankruptcy Notices-
FL9-600-02-26
PO Box 45224
Jacksonville, FL 32232-5224

What is the nature of the claim?

Credit card purchases

\$12,820.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: _____
Unsecured claim _____

Contact _____

Contact phone _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Aloysius N. Fobi
Aloysius N. Fobi
Signature of Debtor 1

X _____
Signature of Debtor 2

Date April 28, 2023

Date _____

